

Full name of applicant:

## **Application Form**

States of Alderney
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Channel Islands
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## Application to Hire Mobile Toilet Block/Toilet Pods/Accessible Toilet Pod

Full address of	applicant:								
E-mail address	:	Telephone:							
Date(s) require	ed:								
	ment required 1	for:							
		e event or other purpose:							
Toilet Pods	The toilet pods consist of $-1 \times 10^{-1}$ x toilet and do not need to be connected to water/electricity or the sewage system. The pods have alcohol gel for hand washing  The disabled/easy access pod consists of $-1 \times 10^{-1}$ x floor level accessible/disabled toilet with baby change facilities with alcohol gel for hand washing								
Toilet Block	The toilet block consists of: 4 x toilet cubicles and 4 x basins 2 x urinals, 1 x accessible/disabled cubicle with baby change. This will need to be connected to electricity/water supply/waste outlet/sewer supply by SWD staff.								
Costs Include	ude Delivery and collection by States Works Department to/from site.								
		ck/pods being fully stocked wing the course of the hire then it	will b	e the	hirer's	respons	sibility to	re-stock these	items.
Toilet pods x 4		Yes/no	1	2 3	4	£75.00 per week of part thereof			
Toilet pod accessible/disabled/baby change x 1		Yes/no	1			£75.00	) per wee	k of part there	of
Toilet block x 1		Yes/no	1			£300.0	00 per we	ek of part ther	eof
<ul><li>Departr</li><li>Any dar</li></ul>	ment. mage to the hire	should be cleaned after use by ed equipment will be charged f facilities do so at their own ris	or.	hirer,	prior t	o being	collected	by the States	Works
I agree to the co	nditions as set o	out above							
Signed		(hi	rer)	D	ated				
Please return co swd@alderney.g		o the States Office, PO Box 100	)1, Ald	derne	y, GY9	3AA or b	y e-mail t	o	
For Office use only:-						Data	Initials	7	
Original to SWD							Date	Initials	-
Copy to Treasury	,								-
SWD in diary for		nn							-
Costs to Treasur		/II							-